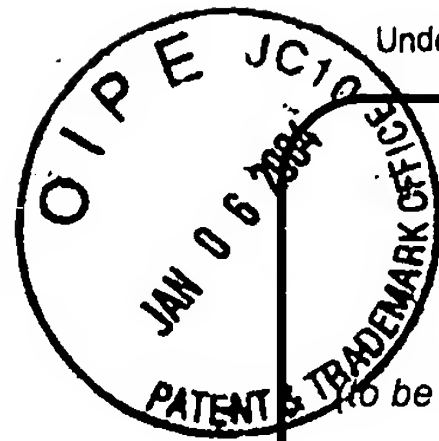


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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/663,568	
	Filing Date	September 15, 2003	
	First Named Inventor	Steven Z. Wu	
	Group Art Unit	1615	
	Examiner Name	Unassigned	
Total Number of Pages in This Submission (excluding references)	4	Attorney Docket Number	50623.335

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Deposit Account 07-1850 Authorization <input checked="" type="checkbox"/> Postage Paid Return Postcard <input type="checkbox"/> Response <input type="checkbox"/> Submission of Formal Drawings <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Petition for Extension of Time (___ month) (in duplicate) <input type="checkbox"/> Information Disclosure Statement (in duplicate) with Form PTO-1449 and ___ References <input type="checkbox"/> Express Mail Label No. <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input checked="" type="checkbox"/> Drawing(s) Formal 2 Sheets with Submission of Drawings Transmittal <input type="checkbox"/> Issue Fee Transmittal with PTO-85b (in duplicate) <input type="checkbox"/> Request for Continued Examination Transmittal (RCE) <input type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Request for Status of Application <input type="checkbox"/> Other Enclosure(s) (please identify below):		
<table border="1"> <tr> <td>Remarks</td> <td></td> </tr> </table>			Remarks	
Remarks				

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Squire, Sanders & Dempsey L.L.P. Cameron K. Kerrigan, Reg. No. 44,826
Signature	
Date	December 24, 2003

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: December 24, 2003

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Application of:

Examiner: Unassigned

Steven Z. Wu, et al.

Serial No.: 10/663,568

Art Unit: 1615

Filed: September 15, 2003

Title: Microparticle Coated Medical Device

Attention: Official Draftsperson
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUBMISSION OF FORMAL DRAWINGS

Dear Official Draftsperson:

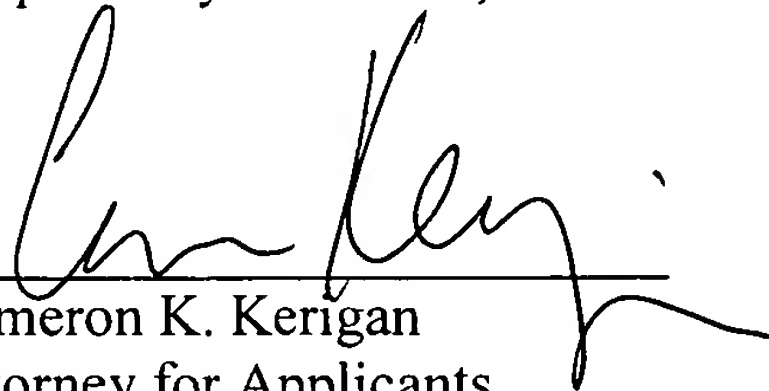
Applicants submit herewith for filing 2 sheets of formal drawings consisting of Figures 1, 2, and 3, for the above-referenced application.

The Commissioner is hereby authorized to charge payment for any deficiency of required fees associated with this communication to Deposit Account 07-1850.

Date: December 23, 2003

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Respectfully submitted,


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